# **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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### **COVER PAGE**

1. NAME OF COMMITTEE	grædelige er					da Georgia (george) Es am est est est	75 (57) 2014(4)			
Elect Jolene Lusitani for City Coun	ncil	•				÷			•	
2, TREASURER NAME	in di Gironage i di Garriagi a Girong i di					entropies Tentropies				
First		MI	1	Last						Suffix
Denise	**************************************			Lusitani		,.,				
3. FREASURER ADDRESS Street Address						a de per la des Caración de la Composição				
97 Winding Ln			City Avor	n				State	Zip Co	
4. ELECTION/REFERENDUM DATE:	Z ZETIGE COUG							OI		
(mm/dd/yyyy)	5. OFFICE SOUG	an i (Completa	e onto ij	J Canaidate	Loman(Beg)				(i) applicable.	HCT NUMBER
11/02/2021	Councilor									District 1
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	315-1-20 (1980) V 233 (19				Hogovanostas Australia				
First		MI	- 1	Last						Suffix
Jolene				Lusitan			dana			
8. TYPE OF REPORT (Cheek One Box)		Partitory								
O January 10 filing	7th day preced	ling primary	у	<b>7</b> (h)	lay preceding ref	erendum		nitial Contr	ibution or	Disbursement
April 10 filing	O30 days follow	ving primary	у	<b>○</b> 45 d	ays following ref	erendum		mendment	t to	
OJuly 10 filing	7th day preced	ling election	1	ODefi	cit		T <sub>i</sub>	ype of Rep	ort:	
October 10 filing	Ol2th day prece			<b>O</b> Terr	nination			uly 10 fili	ng	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		11							
9. PERIOD COVERED	er op programme og skriver An en reger en skriver og skriver	40.50		udepřídký.		for a lab	ierêy	esi egi liga est		
	Beginning Dat	te			Ending Da	ate				
	06-07-2021			thru	06-30-21					
·			_			<u> </u>				
10. CERTIFICATION		er Gusenius La la care		oner Sizo, S	tropics mit din	is desirations	3.900A	jourejac. Carac		
I hereby certify and state, under policiosure Statement for the per	enalties of false s riod covered is to	tatement, t rue, accur	that all	ll of the i	nformation set lete.	forth on this	s Iten	nized Can	ıpaign Fi	nance
Deni Lisi	)~~	· I	Denise	se Lusita	ni				10/10	1/2621
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		PRINT	NAME O	F SIGNER					nm/dd/yyyy)
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A person who is ,					lated any provi prisonment or		сатр	aign fina	nce statui	ies

Page 1 of 17

### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name is Registered with Villing Repository)	TYPE OF REPORT	
Elect Jolene Lusitani for City Council	July 10	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	800	800
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b: Per Public Act 11-48; effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	800	800
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	800	800
19. Expenses Paid by Committee (Section P)	29.4	29.4
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	770.6	770.6
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	85.08	85.08
24. Refundable Deposit to Telephone Company (Section N)	0	0 ,
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0 .	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	o	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	iga sebuaka ng tidukasi yang p Ali Languagas tiduk tiduk ing palak Ali Pal-Canading palak ing kasara
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 2

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NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	ing a series and the
Elect Jolene Lusitani for City Council		July 10 Filing	
A. Total Contributions from Small Contributors-Rece	ived this Period ONLY SUBTOTAL SECTION A	\$ n/a	
HOWEREQUESTIONS OF STREET, WE SHARE WE SHARE THE STREET, WE SHARE THE STREET, STREET, STREET, STREET, STREET,			
The state of the s	ontributions from Individ	luals	
Last Name Denniss	First		MI
	Cliff		
Residential Street Address	City	1	State Zip Code
111 Cheney Rd	Marlborough		CT 06447
Principal Occupation	Name of Employer		
Retired	Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract of the Society of	officer of a municipality, with said municipality	Amount of Contribution \$25
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which is principal of If yes, i	a state contractor or prospective state anch or branches	Contractor? 8 Yes OLegislative	_
Method of Contribution:	Date Received	Aggregate Contributions	-
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order 6/20/21	- Paragent a pinitonion	
Last Name	First		MI
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive te is associated with have a contract v OYes ONo	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which brof government the contributor as principal of If yes, indicate which is the If yes indicate which is the		_ ONo	
Method of Contribution:		Aggregate Contributions	
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Last Name	First		l MI
	. '		
Residential Street Address	City .		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vocation is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive c is associated with have a confract v Yes No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an , event reported in Section L1?  **Myes*, list Event #*  Section L1?		contractor? Yes	
Method of Contribution:	Date Received	ggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 6 <del>/27/21</del> na "	\$50 O	
SUB	TOTAL Section B — This I	Page 25	
TOTA	L of additional Section B Pa	ryes.	
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A 13, Column 4 of Summay Page T	+ B)	
	, commit A vj Summury Fage 1		

NAME OF COMMITTEE Provide Complete Elect Jolene Lusitani for City Counc		Elling Repository),		TEVRE OF REPO	RT :	guelosti-i	
Elect Joiene Lusitani for City Counc	:II			July 7	A Company	12 - 20 U.S. (F	
interdiacies and other forms of the same and the same of the same		M. In-Kind Con	tributions		1913 Mariantan	Sanatiniye ni Marangan	i did primeri ence Al E. Elektrica Elektrica
Bristol Republican Town Committe	<b>∌e</b>						
PO Box 1893			Bristol		_	State CT	Zip Code 06010
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind				1
OIndividual / Sole Proprietorship Oother	·]	85.08		New Image Photo		/	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contribution is in a does contributor or b valued at more than	excess of \$400 to a candid business he/she is associate \$5,000?	date for a chief executive of ted with have a contract w  Yes  No	officer of a municipality	ality, ty		Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No lf yes, i	utor a principal of a state co indicate which branch or ernment the contract is with	contractor or prospective st r branches	state contractor?	8Yes No	85.08	Out.
Name				<b>W</b> -12			
Street Address			City		i	State	Zip Code
Type of contributor: Committee Olndividual / Sole Proprietorship Other	Date Received	Aggregate Centributions	Description of In-Kind	Contribution		<u>L</u>	<u>                                     </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or valued at more than	n excess of \$400 to a candid business he/she is associate n \$5,000?	idate for a chief executive ated with have a contract w	officer of a municipality	pality,		Market Value Contribution
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Name				C			
Street Address			City			State	Zip Code
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or by valued at more than	excess of \$400 to a candid business he/she is associated \$5,000?	date for a chief executive ated with have a contract w	officer of a municip with said municipalit	nality,		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	Yes Is contribute No If yes, in	tor a principal of a state countries which branch or be	ontractor or prospective sta branches	è	8Yes No		
			Section M — This Pag			<u></u>	
		TOTAL of addi	tional Section M Page	es 0	M	<del></del>	
TOTAL OF ALL IN-KIND CONT	FRIBUTIONS (E)	iter total on Line 23, Colur	nn A of Summary Page To	?m <b>i</b> s 0	File.		
	N. Refund	lable Deposit to Te	elephone Compar	iy e sagan ş	aneng (s		
Last Name of Individual	Patricia	First	Total Transfer of the Control of the	М	I Dr	Date Deposit I	Made
Residential Street Address		City		State Zip Code	e L	T	
		•				1	Amount of Deposit
Name of Telephone Company		· 1		<u> </u>		1	
Street Address		City	-	State Zip Code	e		
TOTAL SE	CTION N (Enter is	otal on Line 24, Column A	4 of Summary Page Tota	als) 0			

SEEC	FORM	20

## Section P. ADDITIONAL PAGE 1\_\_\_\_ of 1\_\_\_

WAVE, OF COMMI	TIBE: (Providu Complete Name as Registered with Filing Repositor	West of the state of the		TYPE OF REPORT	ALTA INCIDENT	
Elect Jolene Lus	itani for City Council			July 7		
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lame of Payee			<del></del>	Date of Payment	_	Payment:
nedot Inc				6/23/21	O Chec	
treet Address		City	<del></del>	<u> </u>	State	Zip Code
340 Poydras Sti	reet Suite 1770	New Orleans			LA	70112
urpose of Expenditure y code)	Description		Event	<u>t</u>		Amount
BNK Anedot processing fee		n/a			10.20	
xpenditure # fapplicable)	Type of Expenditure (Itemization in Addendum P Required to	uless "None of the belo	w" is checke	d)	10.30	
n/a	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendin Coordinated without reimbursement sought (in-kind con	ure) 🔘 Ind	lependent	<u>а О</u> в Ос О	D.	
ame of Payee			annzauon	Date of Payment	Method of	Payment:
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340 Poydras Str	eet Suite 1770	New Orleans			LA	70112
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BNK	Anedot processing fee		n/a		1,00	
xpenditure # f applicable)	Type of Expenditure (Hemization in Addendum P Required u	nless "None of the below	o" is checked	()	4.30	
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